

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27680

FILED SEP 13 1941

Registrar's No.

Registration District No. 21

Primary Registration District No. 4715

1. PLACE OF DEATH:

- (a) County Atchison
(b) City or town Watson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life Time years, months or days)

3. (a) PRINT FULL NAME Andrew Hoesfick3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced 26. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Dec 20 1888
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
82 11 11 hr. min.9. Birthplace Nicholsdale (City, town, or county) (State or foreign country) 010. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Hoesfick
13. Birthplace Kennett (City, town, or county) (State or foreign country) A
14. Maiden name Anna Hahn
15. Birthplace Unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant's own signature James Hoesfick
(b) Address Watson Mo17. (a) Burial (b) Date thereof Dec 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Funeral18. (a) Signature of funeral director W. B. Butler(b) Address Watson Mo19. (a) Sept 2 - 41 (b) J. A. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Atchison
(c) City or town Watson
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 31 day _____ 1941
year 1941 hour 4 minute 0 M.21. I hereby certify that I attended the deceased from AUG. 20 -
_____, 1941, to Aug 31 -, 1941
that I last saw him alive on Aug 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Urinary bladder
+ retention
Due to Cancer bladder
+ prostate

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations No operationOf autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury 023. Signature James A Gray (M. D. or other) M.D.
Address Watson Mo Date signed Sept 8 - 41

OCT 23 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by By me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

J. B. Bertram

Licensed Embalmer No. 4024

P. O. Address Rock Port Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27680

Registration District No. 21

Primary Registration District No. 4015

Registrar's No. _____

1. PLACE OF DEATH

- (a) County Cathlamet
(b) City or town Naselle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Andrew Hoefel

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex m

5. Color or
race W

6. (a) Single, widowed, married,
divorced WIDOW

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Sept 3-41

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 31
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
_____ (Specify type of place)
While at work? _____ (c) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

OCT 23 1941